

## **Site Accreditation Report – The Glory House of Sioux Falls (GH)**

**Completed: February 4-5, 2020**

**Levels of Care Reviewed:**

**Substance Use Disorder (SUD) Services**

**Outpatient Services**

**Clinically Managed Low-Intensity Residential Treatment**

**Review Process:** The Glory House of Sioux Falls was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

**Administrative Review Score: 100%**

**Combined Client Chart Review Score: 97.4%**

**Cumulative Score: 97.8%**

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### **ADMINISTRATIVE REVIEW SUMMARY**

**Strengths:** The agency has an organized and concise policy and procedure manual. The policies and procedures are individualized to the agency. The agency has positive relationships with other agencies and stakeholders in the community. Staff interviewed provided positive feedback on administration, reporting them to be open and supportive of staff needs.

#### **Recommendations:**

1. The agency has a policy in accordance with ARSD 67:61:02:21, related to sentinel events. The policy was missing the requirement of contacting the division when an event occurs. It is recommended the agency add the division's contact information on their sentinel event policy.
2. The agency has a policy in accordance with ARSD 67:61:07:04 (2), related to case record closure. The agency's policy states residential case records should be closed within five days however, the policy needs to be updated to ensure compliance with the ARSD 67:61:07:04 (2) which states client records should be closed within three days of the client no longer receiving services.

**Plan of Correction:** There are no areas identified that require a Plan of Correction.

## **CLIENT CHART REVIEW SUMMARY**

**Strengths:** The charts were organized and easy to follow. In review of the client charts, the integrated assessments provided detail in the client's overall history. The treatment plans were individualized, and client driven. The clients who were interviewed shared positive feedback regarding the services. The clients reported the staff were approachable and modify treatment to meet the client's needs. The agency is unique by having a staff member complete quality assurance reviews on all client files, offering a peer group committee for client suggestions, and a peer mentor for newly admitted clients.

### **Recommendations:**

1. According to ARSD 67:61:07:05, Integrated assessments shall contain the following information:
  - Past or current indications of trauma or domestic violence or both if applicable;

In the assessments, the agency did address trauma, but domestic violence should be added.

2. According to ARSD 67:61:07:08, progress notes need to contain the following elements:
  - A brief assessment of the client's functioning;
  - A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable;

The brief assessment of the client's functioning in the progress notes at times was repetitive. The brief assessment should be individualized to the client.

In the progress notes sometimes the plan for next session is vague and similar throughout the chart. It is recommended the plan for the next session be individualized to the client.

3. A transfer or discharge summary shall be completed upon termination or discontinuation of services, within five working days according to ARSD 67:61:07:10. In review of the charts, three of the twenty charts reviewed were not completed within the five-day timeframe.
4. According to the CJI program guideline the discharge summary needs to be sent to the referral source. It is recommended a note be added to the discharge summary stating the referral source received the discharge summary.

**Plan of Correction:** There are no areas identified that require a Plan of Correction.